

## Kentucky HIV/AIDS Education

### AFFIDAVIT OF REASONABLE CAUSE

I, \_\_\_\_\_, request that the Kentucky Board of Chiropractic Examiners defer my AIDS education requirement for initial professional licensure (KRS 214.615) for the following reason: (please explain in detail)

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I understand that the deferment is valid for a maximum of six (6) months and is not renewable. I further understand that within six months I MUST send to the Kentucky Board of Chiropractic Examiners a copy of a certificate showing completion of a Kentucky Cabinet for Health and Family Services approved HIV/AIDS course.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**NOTE:** This form must be sent to your *Kentucky licensure board* in order for you to receive a six-month extension. Please retain a copy of this affidavit for your records.

**MAIL TO YOUR KENTUCKY PROFESSIONAL LICENSURE BOARD LISTED BELOW:**

**Beverley White  
Kentucky Board of Chiropractic Examiners  
P.O. Box 183  
Glasgow, KY 42142-0335  
270/651-2522**